

Name in Full		George Barnes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County Frederick		MARYLAND	
	Date of death 190	3	Month 6 th	Day 24 th	Age 62	Years 10	Months Days
	Sex	Male		Color or Race	Colored		Birth-place Frederick
	Married, Single or Widowed	Married			Occupation Laborer		
	Name of Wife or Husband	Catharine Helliman - Barnes					
	Father's Name	George Barnes				Father's Birthplace	Ind
	Mother's Maiden Name	-				Mother's Birthplace	-
Name of person giving information	Catharine Barnes				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Atheroma				How long	Indefinite
	Immediate	Cerebral apoplexy				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Dr. U. G. Bourne
						Address	130 South St.
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

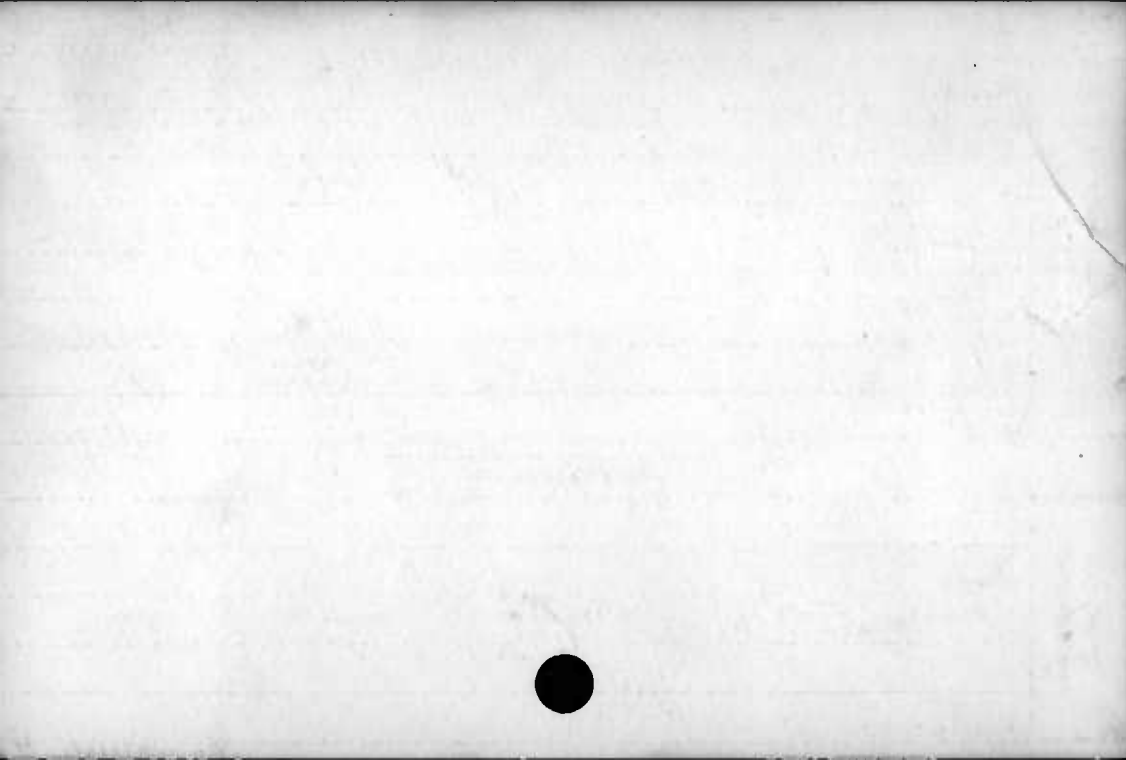
TO BE ANSWERED BY
NEAREST FRIEND

Infant of Nimrod Barnhart and Beulah Long
 Died at Brunswick Town Frederick County MARYLAND
 Date of death 190 3 Month 6 Day 19 Age 21 Years Months 21 Days
 Sex Male Color or Race White Birth-place Baltimore
 Married, Single or Widowed single Occupation none
 Name of Wife or Husband
 Father's Name Nimrod Barnhart Father's Birthplace Ind
 Mother's Maiden Name Beulah Long Mother's Birthplace Ind
 Name of person giving information Mrs Berrie Carey How related to deceased Aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature Birth How long 21 days
 Immediate 151 How long
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Funeral Director
C. H. Beck & Bro Address Brunswick, Ind
 Accident or Suicide?



Name in Full		MAY BITTLE				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Brunswick		County		MARYLAND	
	Date of death 1903		June		25			
	Sex		Female		Color or Race		white	
	Married, Single or Widowed		single		Occupation		none	
	Name of Wife or Husband							
	Father's Name		James Bittle		Father's Birthplace		Md	
Mother's Maiden Name		Sarah Brant-		Mother's Birthplace		Pa		
Name of person giving information		James Bittle		How related to deceased		Brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Typhoid Fever			How long		2 weeks
	Immediate		Intestinal Hemorrhage			How long		6 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. G. Horine	
					Address		Brunswick Md	
Accident or Suicide? <input type="checkbox"/>								



Name
in
Full

CERTIFICATE OF DEATH

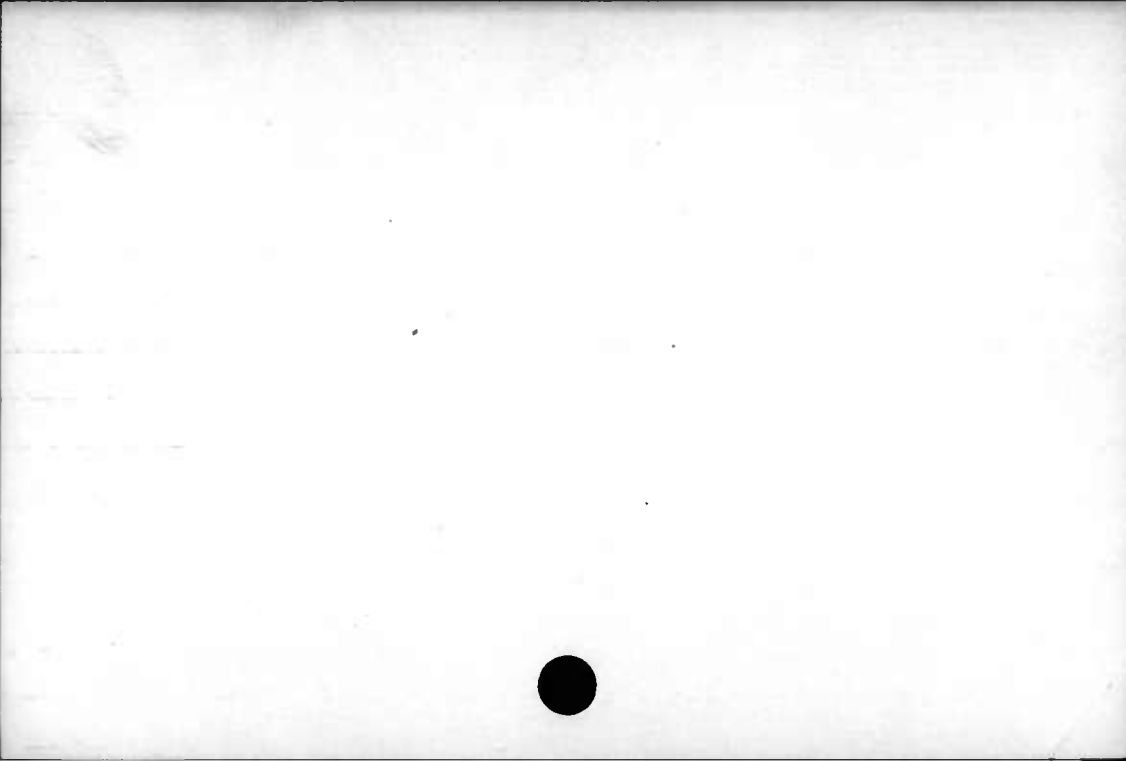
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick.</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>12</i>	Years <i>2</i>	Months <i>8</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>X</i>			Occupation <i>X</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>John Blummeour</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Julia Kleeie</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Macasmus</i>	How long <i>3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. F. Goodlee MD</i>
	Address <i>Frederick MD</i>
Accident or Suicide? <i>NO</i>	



Name In Full

Certificate of Death

James H. Brightwell

Town

County

MARYLAND

Died at

Frederick

Month

Day

Y.

M.

B.

Native of

Occupation

Date 19

3

June 11th

Age

13

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Zeno Brightwell Mary E. Hargett
Premature birth 7 1/2 months

How long sick

13 days

Death

Immediate

Narasmus

Accident, Suicide, Homicide

Reported by

151 Frank Hedger M.D.

Address

9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name
in
Full

Laura Esta Virginia Brooks

CERTIFICATE OF DEATH

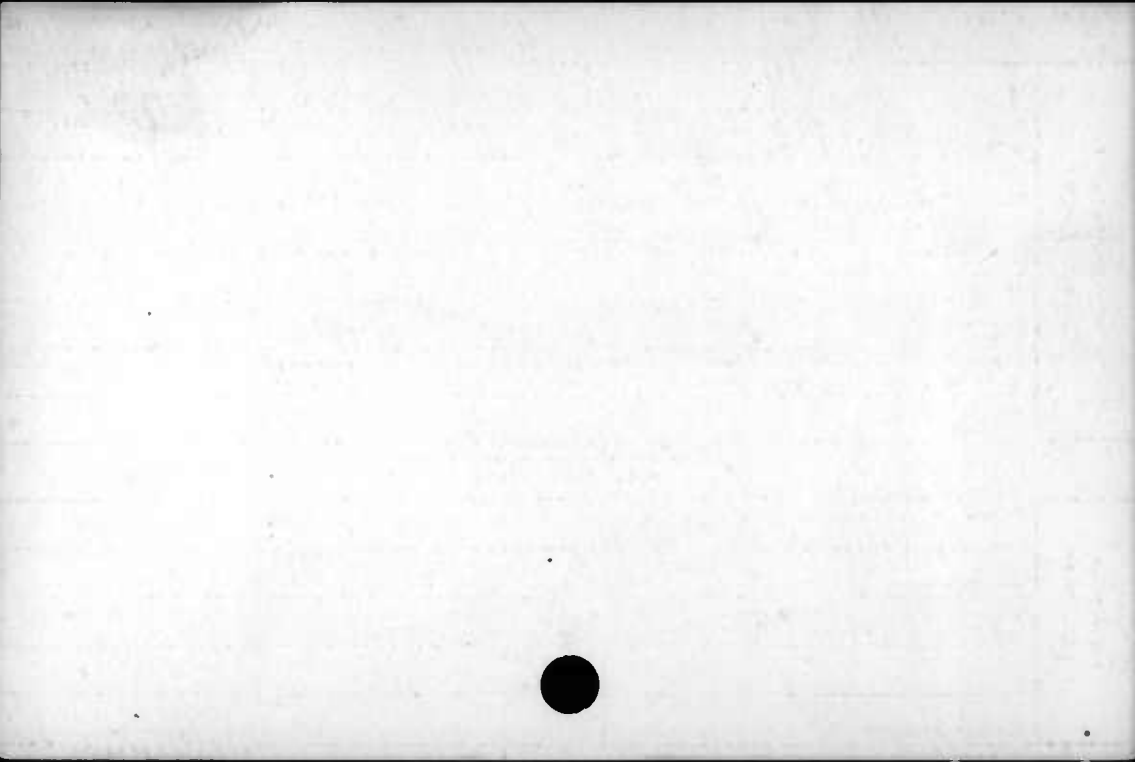
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Knorrville</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 190	3	Month <i>June</i>	Day <i>19</i>	Age <i>6</i>	Years	Months	Days
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth- place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband <i>Frank Brooks</i>							
Father's Name <i>Frank Brooks</i>				Father's Birthplace			
Mother's Maiden Name <i>Jane Johnson</i>				Mother's Birthplace			
Name of person giving Information <i>Isaac Monroe</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>measels</i>	How long <i>2 mo</i>
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. H. 22/2 W. B. undertaker</i>
	Address <i>Brunswick</i>
	<i>md</i>
Accident or Suicide?	



Name
in
Full

Mary Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
June		1st	80				
Sex		Color or Race		Birth-place			
Female		Black					
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
+							
Father's Name						Father's Birthplace	
+						+	
Mother's Maiden Name						Mother's Birthplace	
						+	
Name of person giving information						How related to deceased	
						+	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	aldagw	How long	154
Immediate		How long	+
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. J. Maynard	
		Address	
		17 Fremont St - W.	
Accident or Suicide?			

Interment June 30 03

" at Greenmount Cem

A. T. Rice & Son's

Name
in
Full

Lauria Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Friedrich</i>		County <i>Friedrich</i>		MARYLAND	
Date of death 190	3	Month 6	Day 26	Age 2	Years 2	Months 7	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Med</i>				
Married, Single or Widowed <i>Single</i>			Occupation _____				
Name of Wife or Husband _____							
Father's Name <i>Frank Bram</i>				Father's Birthplace <i>Med</i>			
Mother's Maiden Name <i>Elizabeth James</i>				Mother's Birthplace <i>Med</i>			
Name of person giving In formation <i>Elizabeth Brown</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis Meningitis</i>	How long ?
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W. C. Campbell</i>
		Address <i>Friedrich</i>
Accident or Suicide?		



Name In Full - *Infant unnamed -*

Certificate of Death

and illegitimate

Died at *Middletown* Town *Frederick* County *MARYLAND*
June Month *30th* Day *Y. M. D.* Native of *Occupation*

Date *1893* Age *Stillborn*
☒ Male ☒ ~~White~~ ☒ Married ☒ Widowed ☒ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower Number of children living: *None*

Husband of *Unknown*
Wife

Father's *Unknown*
Name

Mother's *Hermietta Brown*
Name

Cause of Death	Primary	<i>Premature Birth</i>	How long sick	<i>_____</i>
	Immediate	<i>_____</i>	Accident, Suicide, Homicide	<i>_____</i>

Reported by *A. A. Lamarche*
Address *Middletown Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Amie Dupont Smith Card

Name
in
Full

Robert Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burkittsville</i>		Town <i>Burkittsville</i>		County <i>Andover</i>		State <i>MARYLAND</i>	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>27</i>	Age <i>58</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Burkittsville Md</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Labourer</i>					
Name of Wife or Husband <i>Mannah Butler</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Susan Butler</i>				Mother's Birthplace <i>Burkittsville Md</i>			
Name of person giving information <i>Mary Cook</i>				How related to deceased <i>Not related</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Dropping</i>	How long <i>8 or 10 Mos.</i>
Immediate <i>Heart Failure</i>	How long <i>Health sound immediately</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. H. Schiltmeck</i>
<i>As near as I can ascertain.</i>	Address <i>Burkittsville Md.</i>
Accident or Suicide?	



Name
in
Full

Charlotte Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Montrose Hospital		Frederick					
Date of death 190	Month	Day	Years	Months	Days		
2 June	9.	67					
Sex	Color or Race	Birth-place					
Female	Colored	X					
Married, Single or Widowed			Occupation				
			X				
Name of Wife or Husband							
X							
Father's Name				Father's Birthplace			
Permy Walker							
Mother's Maiden Name				Mother's Birthplace			
Harriet							
Name of person giving information				How related to deceased			
Louisa Burgess				Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Consumption	How long	Seven years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. S. Maynard	
		Address	
		172 Summit St. W.	
Accident or Suicide?			

To be carried in
Fredonia Wash

Name in Full

Certificate of Death

Corra Lavenue Davis

Town

County

MARYLAND

Died at

New Deller Fresh

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

June 30

Age

28, 1 18

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Alfred Davis

Henrietta Kautz

Cause of

Primary

Softening of the bones

How long sick

see her life

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo W. P. Davis

Undertaker

Address

J. Dickerson

22nd

179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Garfield Clinton Duffin</i>		Town <i>Mountville</i>		County <i>Fredrick</i>		State <i>MARYLAND</i>	
Died at <i>Mountville</i>		Month <i>June</i>		Day <i>17</i>		Years <i>20</i>	
Date of death 190 <i>3</i>		Months <i>5</i>		Days <i>25</i>			
Sex <i>Male</i>		Color or Race <i>Mulletts</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Labourer</i>		<i>(Driver in Hamisburg, Pa.)</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>William Duffin</i>				Father's Birthplace <i>Fredrick Co.</i>			
Mother's Maiden Name <i>Mary Brown</i>				Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Angus Duffin</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>8 months (?)</i>	
Immediate <i>"</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. R. Crum</i>	
		Address <i>Gifferson,</i>	
Accident or Suicide? <i>No -</i>			



Name
in
Full

Dykes.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Buckhittsville</i>		Town <i>Dykes.</i>		County <i>Indemith</i>		MARYLAND	
Date of death 190	3	Month	Jun	Day	20	Age	Years
Sex <i>Female</i>		Color or Race <i>Colored.</i>		Birth-place <i>Ind.</i>		Months <i>abrida.</i>	
Married, Single <i>Single</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Grace E. Dykes.</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Lydia Dykes.</i>				How related to deceased <i>Mother.</i>			

CAUSES OF DEATH

Primary	<i>Natural Cause</i>	How long	<i>151</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. N. Schultrock</i>	
As near as I can ascertain <i>—</i>		Address <i>Buckhittsville Ind.</i>	
Accident or Suicide? <i>—</i>			

PHYSICIAN
OR CORONER

Make Birth Copy

Name in Full

Certificate of Death

Lemuel Eby

Died at Sabillasville ^{Town} Mederick ^{County} MARYLAND

Date 1963 June 2 ^{Month Day} Age 75-1-21 ^{Y. M. D.} Md. ^{Native of} P. School Teacher ^{Occupation}

Male ^{Female} White ^{Colored} Married ^{Single} Widow ^{Widower} Divorced ^{Number of children living} 9

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

9 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. L. Wachter M.D.

Address

Sabillasville

Maryland,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Andrew

Ewby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Frederick Md</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>19</i>	Age <i>75</i>	Years	Months <i>11</i>	Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Married, Single or Widowed <i>Married</i>		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				<i>112</i>			
				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>?</i>
Immediate <i>exhaustion</i>	How long <i>ten days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm Campbell</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>_____</i>	

TABLE 10. CONTINUED

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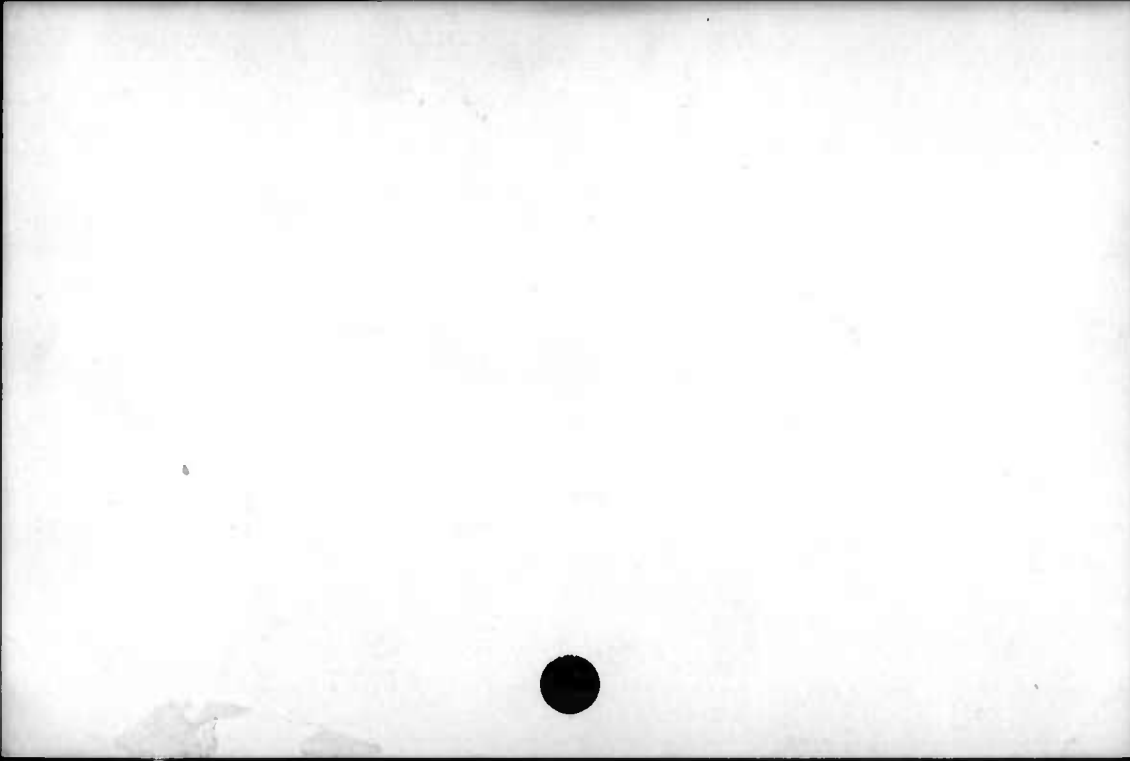
3

TABLE 10. CONTINUED

TABLE 10. CONTINUED

TABLE 10. CONTINUED

Name in Full		Beatrice Rebecca Farrell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND
	Date of death 190		3	Month June	Day 20	Age 2	Months 2
	Sex Female		Color or Race Colored		Birth-place Frederick		
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name George Farrell				Father's Birthplace N.C.		
	Mother's Maiden Name Francis P. Brown				Mother's Birthplace Frederick		
Name of person giving information Francis Brown				How related to deceased Frederick			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Intestinal Colic				How long 3 days		
	Immediate Convulsions				How long 3 hrs		
	Are the name, age, sex, color, date and place correctly given above? yes.				Signature of Physician Dr. U. G. Brown		
					Address Frederick, Md.		
	Accident or Suicide?						



Name In Full

Certificate of Death

Died at

MARYLAND

Date 1903

Month Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name
in
Full

Richard H. St. Freshour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roddy ^{Town} Frederick ^{County} MARYLAND

Date of death 1903 ^{Month} June ^{Day} 13 ^{Years} Age 5-6 ^{Months} 2 ^{Days} 14

Sex Male Color or Race White Birth-place Maryland

Married, Single or Widowed Married Occupation Blacksmith

Name of Wife or ~~husband~~ Mrs Laura Virginia Martin. nee Lohr

Father's Name Alexander Freshour, Father's Birthplace Ind

Mother's Maiden Name Louise Coover, Mother's Birthplace Ind

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis. How long 2 years

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. C. Kefauver, M.D.
Shurmont,
Maryland.

Accident or Suicide?



Name
in
Full

Caroline R. Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 1903		Month 6	Day 27	Age —	Years —	Months —	Days 11
Sex Female		Color or Race White		Birth- place Frederick Md			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name Charles Gardner				Father's Birthplace Md			
Mother's Maiden Name Hattie Medwood				Mother's Birthplace " "			
Name of person giving Information " " "				How related to deceased Mother			

CAUSES OF DEATH

Primary	Trismus nascentium.		How long	4 day
Immediate	Exhaustion		How long	" "
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician W. Long M.D.	
			Address 37 E. Patrick St.	
Accident or Suicide?				

PHYSICIAN
OR CORONER

THE UNIVERSITY OF CHICAGO
LIBRARY

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waldersville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 1903	<i>June</i> ^{Month}	<i>24</i> ^{Day}	Age	<i>10</i> ^{Years}	<i>10</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Waldersville</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>Alva Seemeyer</i>					
Father's Name <i>Charles</i>			Father's Birthplace <i>Waldersville</i>		
Mother's Maiden Name			Mother's Birthplace <i>"</i>		
Name of person giving Information			How related to deceased <i>Parents</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Failure</i>	How long
Immediate <i>Indigestion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. Mendenhall</i>
<i>Yes</i>	Address <i>2800 9th St</i>
Accident or Suicide?	

5

Name
in
Full*Georgie Alice Green*

CERTIFICATE OF DEATH

Town

Died at *Adamstown*

County

Fredricks

MARYLAND

Date

of death 190*3*

Month

6

Day

21

Years

Age

1

Months

6

Days

Sex

*Female*Color or
Race*Black.*Birth-
place*Co.*Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name*John Curtis Green*Father's
BirthplaceMother's
Maiden Name*Novie Green*Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*None in Attendance*

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment June 23^d 03
" at Hope Hill -

A. F. Rice & Son's,
General Directors

Name
in
Full

Matilda Linnous Hauck.

CERTIFICATE OF DEATH

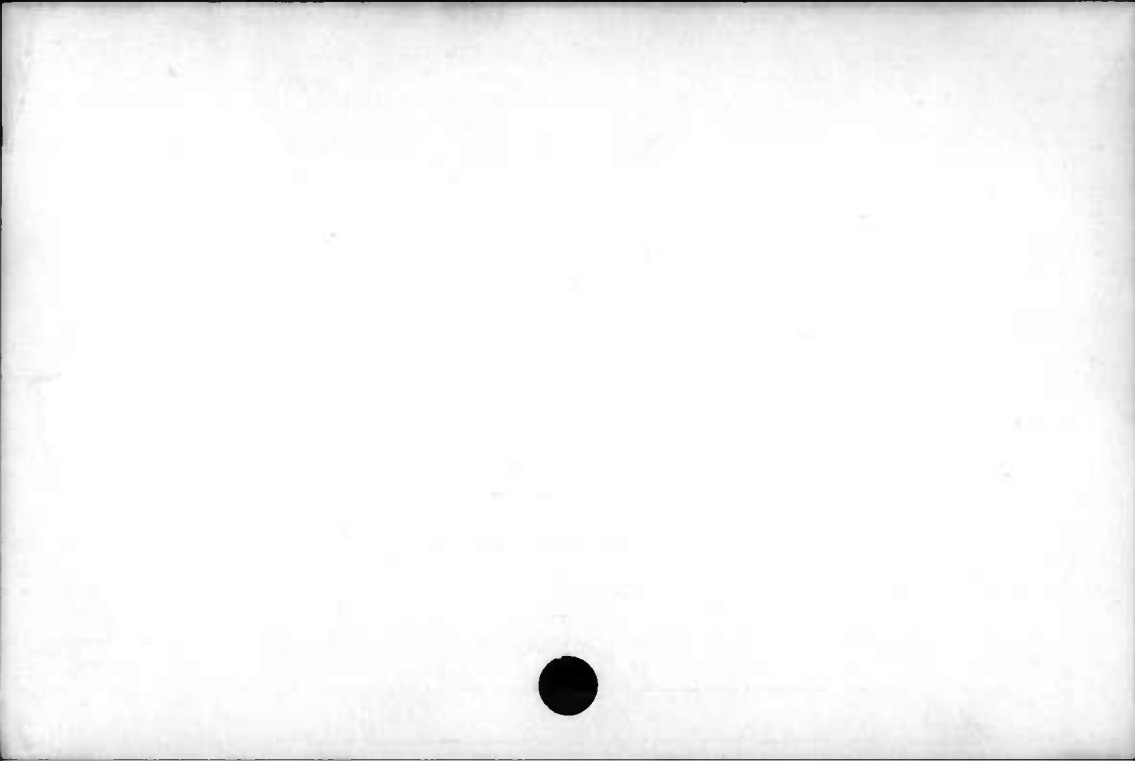
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hormay Gosh		County Frederick Co		MARYLAND	
Date of death 1903	Month June	Day 11	Age 32	Years 3	Months 3	Days	
Sex Female	Color or Race White		Birth- place County				
Married, Single or Widowed Single			Occupation				
Name of Wife or Husband							
Father's Name Geo E. Hauck				Father's Birthplace City			
Mother's Maiden Name Alice Dudman				Mother's Birthplace Md			
Name of person giving In formation Father				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	9 days.
Immediate	Exhaustion	How long	93
Are the name, age, sex, color, date and place correctly given above?		YES	
Signature of Physician		W. G. M. Conrad	
Address		Frederick	
Accident or Suicide?		No.	



Name in Full

Certificate of Death

Name *Susan Hay*
 Died at *Stullsford* Town *Stullsford* County *Fredrick* MARYLAND
 Date 19 *03* Month *June* Day *12* Y. *86* M. *2* D. *25* Native of *✓* Occupation *✓*
 Male *White* Married *X* Widowed *Single* Number of children living *None*
 Female *Colored*

Husband of *Noah Hay*
 Wife *John Stull* Father's Name *John Stull* Mother's Maiden Name *Doris - Isaac*

Cause of Death { Primary *Gangrene of foot* Immediate *General Athermia* How long sick *3 months*
 Accident, Suicide, Homicide

Reported by *C. A. Stultz M.D.*
 Address *Woodsboro Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph R. F. Ivory

Town

County

Frederick

Frederick

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

June 5th

Age

1-3

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Robert Ivory

Mother's

Maiden Name

Mary Ivory

Cause of

Primary

Pneumonia Double

How long sick

One week

Death

Immediate

Spasms. 93

~~Accident, Suicide, Homicide~~

Reported by

Frank Hedger M.D.

Address

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

John R. Jones

17

Town

County

MARYLAND

Died at

Spamsville

Frederick

Date

1903

Month

Day

6th18th

Y.

M.

D.

Native of

Occupation

Age

74-9-6

U. S.

Retired life

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

2

Husband

of

Luvinia Jones

Wife

Father's

Name

unknown

Mother's

Name

unknown

Cause of

Primary

Organic Heart Disease (fully degenerated)

How long sick

10 months

Death

Immediate

Syncope & exhaustion

~~Accident, Suicide, Homicide~~

Reported by

George H. Riggs M.D.

Address

Spamsville, Md.

79

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susan Mary M. Lyon

CERTIFICATE OF DEATH

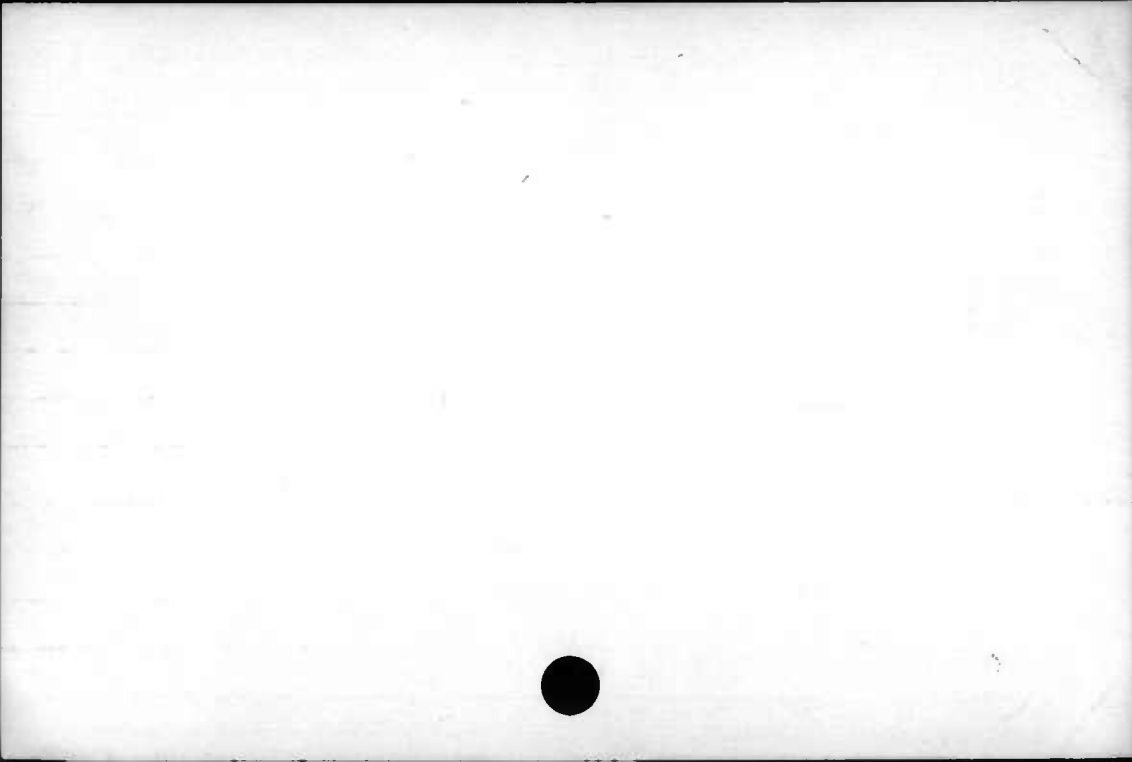
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>24</i>	Years <i>47</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place	
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>Oran C. Lyon</i>			Father's Birthplace <i>Colum</i>		
Mother's Maiden Name <i>Mr. Rebecca Meyer</i>			Mother's Birthplace <i>Baltimore Md</i>		
Name of person giving information <i>Mr. Rebecca Lyon</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abdominal Carcinoma</i> <i>41</i>	How long <i>27 or 28 years</i>
Immediate <i>Exhaustion following hemorrhage</i>	How long <i>three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Crankshaw</i>
	Address <i>Frederick, Md</i>
Accident or Suicide? <i>—</i>	



Name In Full

Certificate of Death

Martha E. Mann

Town

County

Died at

Braddocks

Indiana

MARYLAND

Date 1905

Month

Day

June 30

Y.

M.

D.

Age

24 5 5

Native of

Md

Occupation

X

~~Male~~

Female

~~White~~~~Colored~~~~Married~~

Single

~~Widow~~

Widower

~~Divorced~~~~Number of children living~~Husband
of

Wife

Father's

Name

Geo. A. Mann

Mother's

Maiden Name

Mary C. Smith

Cause of

Primary

Exhaustion from over 1/2 chills, left arm

How long sick

Four months

Death

Immediate

Typho - Duodenitis, & Anger

Accident, Suicide, Homicide

Reported by

J. B. Johnson, M.D.

Address

Indiana Md.

167

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

1



Name
in
Full

Willie Marken

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wolfsville		County. Frederick		MARYLAND	
Date of death 190		3	Month June	Day 10	Age 14	Years 5	Months 14
Sex male		Color or Race white		Birth- place Wolfsville			
Married, Single or Widowed Single		Occupation Laborer					
Name of Wife or Husband _____							
Father's Name James Marken				Father's Birthplace Wolfsville			
Mother's Maiden Name Georgia Wolfe				Mother's Birthplace Wolfsville			
Name of person giving In formation "				How related to deceased mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Appendicitis 110		How long 10 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. J. Smith	
		Address Wolfsville Md.	
Accident or Suicide? _____			

QUESTED BY DEATH

Name
in
Full

Elias Marriott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Montesue Hospital		Frederick					
Date of death	1903	Month	June	Day	26	Age	80
Sex	Male	Color or Race	Black	Birth-place	X	Months	Days
Married, Single or Widowed	X	Occupation	X				
Name of Wife or Husband	X						
Father's Name	X	Father's Birthplace	X				
Mother's Maiden Name	X	Mother's Birthplace	X				
Name of person giving information		How related to deceased	X				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	X
Immediate		How long	X
Are the name, age, sex, color, date and place correctly given above?	Jr	Signature of Physician	S. S. Maynard
		Address	17 Grant St. W.
Accident or Suicide?			



Phoebe Catharine Martz
 Died at ^{Town} Frederick ^{County} Frederick MARYLAND
 Date 1903 ^{Month} June ^{Day} 6 ^{Y.} ^{M.} ^{D.} ^{Age} 1-15 ^{Native of} Fredk. Md. ^{Occupation}
~~Male~~ ^{White} ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of _____
 Wife _____
 Father's Name Harvey D. Martz Mother's Maiden Name Bertha May Tralery
 Cause of Death Primary Not Known - { was not sick before
 Immediate Convulsions { were of short duration
 Reported by J. O. P. Budrip, M.D.
 Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Effie Mounstrow

Died at ^{Town} *Wooters*^{County} *Frederick*

MARYLAND

Date 19 *03* ^{Month} *June* ^{Day} *25* ^{Y.} *5* ^{M.} *5* ^{D.} *5* ^{Native of} *Don't know* ^{Occupation} *None*

Male-

White

Married

Widow

Divorced

Female

Colored-

Single

Widower

Number of children living

Husband
of
WifeFather's Name *William Mounstrow*Mother's Maiden Name *I don't know*Cause of ^{Primary} *Cancer*How long sick
*7 months*Death ^{Immediate}

-Accident, Suicide, Homicide-

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Peters		Town		County		MARYLAND	
Died		near Urbana Frederick					
Date of death 190	3	Month	8	Day	27	Years	85
Sex		Male		Color or Race		White	
Married, Single or Widowed		Widowed		Occupation		Farmer	
Name of Wife or Husband		Casandee Nicholson					
Father's Name		Jno. Peters				Father's Birthplace	
Mother's Maiden Name		Pellie Bassford				Mother's Birthplace	
Name of person giving information		How related to deceased					

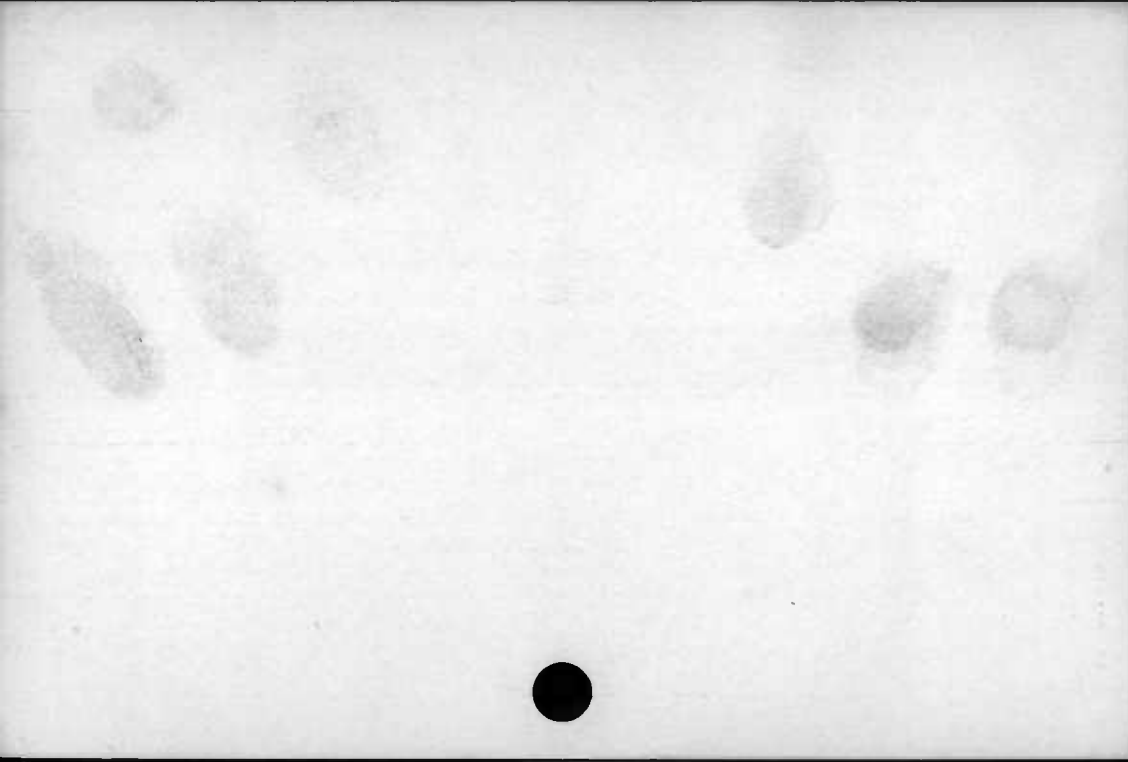
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long	154
Immediate	Cardiac Paralysis	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E. E. Welling, M.D.	
		Address	
		Urbana, Md	
Accident or Suicide?			

0-70-13-25

Name in Full		<i>Bertie Powell</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town <i>Monterey Hospital</i>	County <i>Frederick</i>	MARYLAND	
		Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>14</i>	Years Age <i>23</i>	Months	Days
		Sex <i>Single</i>		Color or Race <i>Black</i>		Birth- place <i>—</i>	
		Married, Single or Widowed <i>X</i>		Occupation <i>X</i>			
		Name of Wife or Husband <i>X</i>		<i>X</i>			
		Father's Name <i>X</i>		<i>X</i>		Father's Birthplace <i>X</i>	
		Mother's Maiden Name <i>X</i>		<i>X</i>		Mother's Birthplace <i>X</i>	
Name of person giving In formation <i>X</i>		<i>166</i>		<i>X</i>		How related to deceased <i>X</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER <i>2</i>		Primary <i>Gun shot wound</i>			How long <i>About 29 hrs.</i>		
		Immediate <i>Hemorrhage, Shock</i>			How long <i>" " "</i>		
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Dr. W. G. Bourne</i>		
					Address <i>130 South St. Frederick Md</i>		
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Remus</i>		Town <i>Monteale Hospital</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Monteale Hospital</i>							
Date of death 190	3	Month <i>June</i>	Day <i>9</i>	Age <i>50</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place				
Married , Single Widowed			Occupation <i>Laborer</i>				
Name of Wife or Husband		<i>X</i>	<i>X</i>	<i>X</i>			
Father's Name		<i>X</i>	<i>X</i>	<i>X</i>	Father's Birthplace <i>4</i>		
Mother's Maiden Name		<i>X</i>	<i>X</i>	<i>X</i>	Mother's Birthplace <i>7</i>		
Name of person giving Information					How related to deceased <i>X</i>		

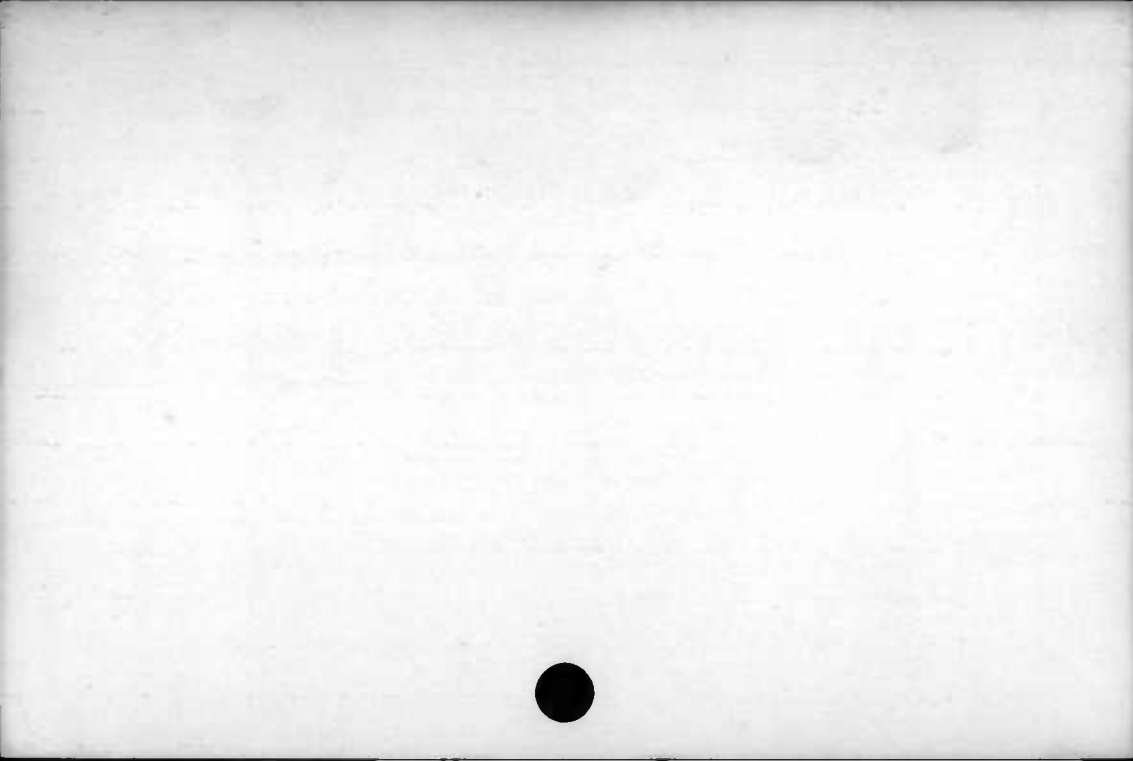
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of heart (necrosis)</i>	How long <i>Some days</i>
Immediate <i>Drowning</i>	How long <i>Some days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. S. Macnord</i>
<i>79</i>	Address <i>17 Second St W.</i>
Accident or Suicide?	

To be burned at
Rocky Hill
Frederick Co
Md

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at				New London		Frederick		MARYLAND	
		Date of death 1903		Month June		Day 21 st		Years 70		Months 3	
		Sex Male		Color or Race Black		Birth- place Fred. Co					
		Married, Single or Widowed Married				Occupation Laborer					
		Name of Wife Husband Luisa Martin									
		Father's Name Thomas Richardson				Father's Birthplace Fred. Co					
		Mother's Maiden Name Robt. Rumm				Mother's Birthplace Fred. Co					
		Name of person giving Information Orsey Richardson				How related to deceased Son					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary Cancer of Stomach						How long 6 months			
		Immediate Exhaustion						How long Immediate			
		Are the name, age, sex, color, date and place correctly given above? Yes.						Signature of Physician J. Thomas Smith			
								Address Georgetown Md.			
		Accident or Suicide?									



Name In Full

Certificate of Death

Died at *Bellevue* Town *Fredrick* County *MARYLAND*
 Date *1903* ~~189~~ Month *June* Day *30* Y. *83* M. *—* D. *—* Native of *MD* Occupation *House wife*
~~Male~~ *Female* ~~White~~ *Colored* ~~Married~~ *Single* ~~Widow~~ *Widower* Number of children living *one*

Husband of *Joshua Slifer (decd)*
 Wife
 Father's Name
 Mother's Name

Cause of Death Primary *Fracture of Leg at hip joint* How long sick *10 days*
 Immediate *Gangrene* Accident, ~~Suicide~~, ~~Homicide~~

Reported by *A. A. Lamon MD*
 Address *145* *Middletown, MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Elizabeth Smith

Town

County

Died at

MARYLAND

1903

Date 189

Month Day

Y. M. D.

Native of

Occupation

June 3

Age 67-1-25

Md.

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

8

~~Husband~~
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

3 yrs.

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		John Smothers				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Died at		Montgomery Hospital		Frederick			
		Date of death 190	Month	Day	Age	Years	Months	Days	
		Date of death 190		June		8		Age 76	
		Sex		Male		Color or Race		Black	
		Sex		Male		Color or Race		Black	
		Married, Single or Widowed		—		Occupation		X	
		Name of Wife or Husband		X		X			
Father's Name		X		X		Father's Birthplace X			
Mother's Maiden Name		X		X		Mother's Birthplace X			
Name of person giving information		—		—		How related to deceased X			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER		Primary				How long			
		Old age							
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?				154			
		Yes							
		Signature of Physician				S. S. Maynard			
		Address				17 Greaves St - W.			
		Accident or Suicide?							



Name In Full

Certificate of Death

Name In Full		Isaac J. Summers.		Certificate of Death	
Town		Myersville		County Frederick	
Died at		Myersville		MARYLAND	
Date		1903. 6 - 20		Age 64. 10. 3.	
Male		White		Married	
Female		Colored		Single	
Widow		Divorced		Occupation Farmer	
Husband of		Lucyda Brandenburg		Number of children living	
Wife		Samuel		Mother's Name	
Father's Name		Jacob Summers		Magdelene Brand	
Cause of		Primary		How long sick	
Death		Immediate		2 years.	
Reported by		Dr. J. Hubert Bude		Accident, Suicide, Homicide	
Address		Boonsboro		Mort Co. Maryland	

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Baby		1920		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Arlan New London		County Frederick		MARYLAND
	Date of death 190		3	Month June	Day 20	Age Years	Months Days 5-
	Sex		Don't know		Color or Race Colored		Birth-place Arlan New London
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
Not known				Don't know			
Not known				" "			
Father				" "			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Don't know				X		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				Address			
Accident or Suicide?				None) R.B. Randle			
No				Underlaker			
				New Market, Maryland			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Ann Priscilla Weeden

Town

Thruit Hill

County

Frank

MARYLAND

Date

of death 1903

Month

June

Day

8

Years

Age

60

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Mont. Co. Md

Married, Single
or Widowed

Married

Occupation

Name of Wife or
Husband

Alfred Weeden

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

Alfred Weeden

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Renal & cardiac trouble
General anasarca depending upon

How long

18 mos.

Immediate

Uremic Crisis

How long

1 1/2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

T. Clyde Rountree

Address

Buckeys town

Accident or Suicide?

James L. Leather & P.

PHYSICIAN
OR CORONER

2

Name
in
Full

Bertha Weller

CERTIFICATE OF DEATH

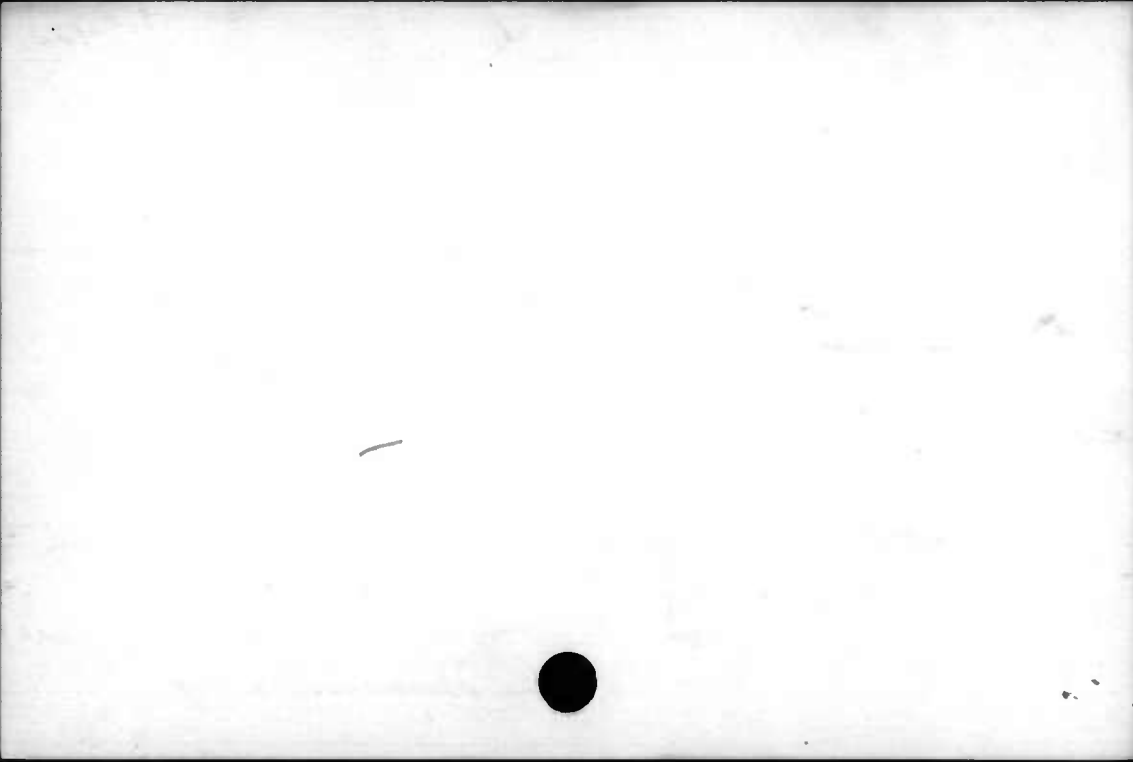
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Tim</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>5</i>	Age <i>17</i>	Years <i>10</i>	Months <i>16</i>
Sex	Color or Race		Birth-place		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Wm. O. Weller</i>			Father's Birthplace <i>Near Tim Town</i>		
Mother's Maiden Name <i>Mary Gayman</i>			Mother's Birthplace <i>Lewis Town</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exophthalmic Goitre</i>	How long <i>51</i>
Immediate <i>La Grippe - Catarrhal Jaundice</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Morris A. Birby M.D.</i>
	Address <i>Thermont</i>
Accident or Suicide?	<i>Chis.</i>



Name
in
Full

CERTIFICATE OF DEATH

Mrs Julia Wilson

Died at

Emmitsburg

County

Fredrick

MARYLAND

Date

of death 190

3

Month

6

Day

27

Age

Years

79

Months

8

Days

Sex

Female

Color or
Race

White

Birth-
place

Emmitsburg

Married, Single
or Widowed

Widow

Occupation

House Keeper

Name of ~~Wife~~
Husband

Charles Wilson

Father's
Name

Daniel Welty

Father's
Birthplace

Emmitsburg

Mother's
Maiden Name

Tophia Livers.

Mother's
Birthplace

Emmitsburg

Name of person giving
In formation

Harry Warner

How related
to deceased

Grandson

CAUSES OF DEATH

Primary

Acute Indigestion

How long

one week

Immediate

Heart Failure

104

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thos. B. Brown, M.D.

Address

Emmitsburg

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

